## **CDVSA BATTERER'S INTERVENTION PROGRAM**

## PARTICIPANT INCIDENT REPORT

Participant Name	Program Name		
		Date of Contact	
Date of Most Recent Incident	Additional Court Case IDs (optional)		
Types of Violence Participant Committed	Charges:	Convictions:	
☐ Threats of Violence	☐ Assault 1	☐ Assault 1	
☐ Physical Force Used	☐ Assault 2	☐ Assault 2	
☐ Sexual Assault (Any Degree) Adult Victim	☐ Assault 3	☐ Assault 3	
☐ Sexual Abuse (Any Degree) Minor Victim	☐ Assault 4	☐ Assault 4	
☐ Use of Weapons	□ Domestic Violence	□ Domestic Violence	
☐ Destruction of Pets/Property	☐ Probation Violation or Offender	☐ Probation Violation or Offender	
□ Othor:	Registration Violation	Registration Violation	
☐ Other:	□ Disorderly Conduct	□ Disorderly Conduct	
U Ulkilowii	□ DUI	□ DUI	
Alcohol Use	<ul> <li>Sexual Assault Adult Victim</li> </ul>	☐ Sexual Assault Adult Victim	
☐ Used Alcohol at Time of Current Offense	□ Violating Protective Order	□ Violating Protective Order	
□ No Alcohol Use During Incident	☐ Reckless Endangerment	□ Reckless Endangerment	
☐ Unknown if Alcohol Used During Incident	□ Criminal Mischief	□ Criminal Mischief	
Unknown if Alcohol Osed During incident	☐ Theft (Any)	☐ Theft (Any)	
Orug Use	<ul> <li>Attempted Murder</li> </ul>	☐ Attempted Murder	
☐ Used Drugs at Time of Current Offense	☐ Murder	□ Murder	
□ No Drugs Use During Incident	□ Robbery (Any)	□ Robbery (Any)	
☐ Unknown if Drugs Used During Incident	□ Alcohol/Drug Related	□ Alcohol/Drug Related	
Unknown ii Drugs Oseu During incluent	☐ Stalking (Any)	☐ Stalking (Any)	
Referral	☐ Harassment	☐ Harassment	
□ Court	□ None	□ None	
□ OCS	□ Other:	☐ Other:	
Reason:			
□ Self	Incident Injuries Self-Report	Incident Injuries Official Sources	
□ Other:	□ Bruises / Abrasions	□ Bruises / Abrasions	
Utilet	□ Broken Bones / Teeth	□ Broken Bones / Teeth	
Relationship to Victim	□ Wounds / Punctures	□ Wounds / Punctures	
□ Spouse / Partner	□ Chronic / Disabling	□ Chronic / Disabling	
□ Ex-Spouse / Ex-Partner	□ Sprains / Back / Neck	□ Sprains / Back / Neck	
☐ Girlfriend/Boyfriend	□ Burns / Bites	□ Burns / Bites	
□ Ex-Girlfriend/Ex-Boyfriend	□ Internal Injuries	□ Internal Injuries	
□ Friend	☐ Head / Spinal Injuries	☐ Head / Spinal Injuries	
□ Parent / Guardian	☐ Gunshot / Knife Injuries	☐ Gunshot / Knife Injuries	
□ Child	□ Death	□ Death	
□ Sibling	□ Not Disclosed Injury	□ Not Disclosed Injury	
□ Other:	□ Fear of Imminent Bodily Harm	☐ Fear of Imminent Bodily Harm	
	□ No physical injury	□ No physical injury	
	□ Strangulation	□ Strangulation	
	☐ Other Injury:	☐ Other Injury:	
•			

Prepared By\_\_\_\_\_ Reviewed By\_\_\_\_\_ Date of Review\_\_\_\_